

**VSH FUTURES  
PEER SUPPORT PROGRAM DEVELOPMENT WORKGROUP  
MINUTES**

**September 13th, 2007  
10:00 to 12:30**

Present: Steven Morgan  
Linda Corey, Chair  
Kitty Gallagher  
Zachary Hughes  
Pamela Corcoran  
Helen Dombalis  
Jean New  
George New  
Xenia Williams

Staff: Nick Nichols

Updates

- VPS is in the process of applying for an anti-stigma grant from the federal government
- VPA just learned that it has received a State Consumer Network Grant! This grant will provide continued funding for the Recovery Project, as well as education and leadership development.
- Pamela reported that she is working with the peer run project in Randolph called the Living Room project. VPS is helping them further refine their plans.
- Kitty reported that the Rutland peer initiative has already sponsored one training on how to operate a warm line and has gotten several peers to commit to working on the warm line.
- Zach distributed a draft of his plan to provide peer support in the ER. He also said their warm line project is going well.
- Jean reported that she will be involved in teaching a recovery cycle next week. Myles and Jean will also begin teaching computer classes funded by the Peer Operated Projects grant.
- Linda just found out that a program similar to Stepping Stones has been created in Maine.

Discussion of Different types of Peer Support

In order to provide more context to the workgroup's discussion, Linda presented on different models of peer support that have been developed through the years.

Peer support first began on an entirely volunteer basis. It was similar to the Alcoholics Anonymous model, but more informal. No money was exchanged, and there were very little guidelines. A downside of this approach was that there was little liability or accountability, and sometimes there was a danger of victimization or someone getting taken advantage of.

This led to peer programs getting more organized. Support groups were established using more formal guidelines. Some types of peer support also started to offer reimbursement to peer supporters for their time and/or expenses. At times peer support was housed within a larger organization. As some organizations wanted to expand, they needed to become more independent. This led to the need for getting 501 c3 status and liability insurance.

With VPS, DMH has been able to give VPS money to support local peer programs. These local peer programs operate under VPS' liability coverage.

Some peers have taken the route of becoming employed by a mental health agency. This is a mix of peer support that operates under stricter guidelines but can vary from agency to agency.

Peers have also gone on to get MH degrees and licenses, which places further guidelines on what they can do.

There are also professionals who have the lived experience of mental illness but don't choose to reveal it. Xenia guesses that for every self-disclosed "ex-patient" in the MH profession, there are 2-3 individuals who don't disclose that they have struggled with mental illness. There are also a lot of professionals in the human services field who have experienced trauma.

Zach believes that everyone suffers from some sort of mental illness. The difference is how people manage it. There are some folks who may not even be aware of it.

There are now many more guidelines on how to provide peer support. [www.Mentalhealthpeers.com](http://www.Mentalhealthpeers.com) is a great website that provides a number of guidelines on how to provide peer support.

The federal government has also been providing funding for peer support, and with that funding there are other guidelines one must follow.

Members of the group wondered if it is possible to have true peer support embedded in a professional agency? Peer support under an agency must operate under the agency's definition of peer support. However, it is important to remember that different types of peer support have been a part of different people's recovery.

Kitty reported that Rutland Mental Health has decided they are going to develop their own certification process in which a consumer can become certified as a RMHS peer supporter.

In Lamoille County, there seems to be a lot of people who are falling through the cracks because they are not eligible for CRT services. Jean has been advocating for a way to avoid this.

Xenia reported that the subcommittee focusing on a peer-run crisis respite program had not yet been able to organize visits to the two programs discussed during last meeting. Steve expressed an interest in helping to organize this.

Kitty reported that the Futures Advisory Council has been reformed into the Transformation Council. Kitty is going to be a member of the group.

The group discussed the possible content of a survey that VPS could send out re: peer support. The goal of the survey would be to assess what peers think about different kinds of peer support. The following are possible suggestions that could be included in the survey:

- have you ever tried or wanted to try and use alternative treatment?
- have you ever been in a situation where you used a crisis respite program themselves that was run by peers that offered alternative supports to traditional MH services?
- have you ever received peer supports? What type did you receive? Why or how was it helpful?
- Have you ever received help from someone you revealed their own experience with mental illness?
- Would you support formal peer support from someone who has been trained and certified and paid to be a peer supporter?
- Do you do your own treatment goals?
- What does recovery mean to you?
- What would you like to see for peer services in your area?
- Do you have any concerns about your medications?
- Are you a CRT client? If no, have you ever been a CRT client?
- Are you seeing a professional outside of agency?
- Have you ever been hospitalized?
- Have you received a full explanation of the side effects of medicine?
- Have you had traumatizing experience (physical or sexual abuse) or things that put you in serious fear of experiencing danger?

**Upcoming Meetings:      October 11<sup>th</sup>, 2007  
10 am to 12:30 pm  
Stanley Hall, Room 102**

**Waterbury State Complex  
Waterbury, VT**

**November 8<sup>th</sup>, 2007  
10 am to 12:30 pm  
Stanley Hall, Room 102  
Waterbury State Complex  
Waterbury, VT**

For directions or questions regarding this meeting, contact Nick Nichols @ 652-2000 or [nnichols@vdh.state.vt.us](mailto:nnichols@vdh.state.vt.us)